



C2018101551

## CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:

Please complete the following information. Your email address is required so you can be notified on the status of your plans.

First Name: (PRINT CLEARLY) Jenny Last Name: (PRINT CLEARLY) Gradova

Cellular Number: 786-328-9071 Office/Home Number: \_\_\_\_\_

EMAIL Address: permits@305permits.com

Comments:

If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans \_\_\_\_\_

## PLEASE INDICATE IF PLANS ARE

- ☐ GOV'T PROJECT/ DEPT \_\_\_\_\_ ☐ GREEN BLDG (NEW CONSTRUCTION ONLY)\* ☐ PACE PROJECT\*  
☐ AFFORDABLE/ WORKFORCE HOUSING\* ☐ ECONOMIC SIGNIFICANCE\*

(\*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)

## REQUESTED REVIEWS

- |   |  |   |  |                               |                               |
|---|--|---|--|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL  | <input type="checkbox"/> BLDG                      | <input type="checkbox"/> DERM                             | <input type="checkbox"/> ELEC            | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP   | <input type="checkbox"/> LANDSCAPING               | <input type="checkbox"/> MECH                             | <input type="checkbox"/> PLUM            | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> ROOF   | <input type="checkbox"/> SIGN                      | <input checked="" type="checkbox"/> STRU                  | <input checked="" type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | <input type="checkbox"/> PWIF |
| <input type="checkbox"/> LPGX   | <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK | <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK |  |                               |                               |
| <input type="checkbox"/> OPTIONAL PLAN REVIEW   |  |   |  |                               |                               |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU <input type="checkbox"/> DERM CORE ONLY |  |   |  |                               |                               |

## FOR OFFICE USE ONLY-

~~Miami Dade County Department of Regulatory And Economic Resources~~

~~000113888~~ TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 8/15/18 Clerk Name: Brittany Arrival Time: 10:32am  
Examiner: \_\_\_\_\_ Date Time Stamp: \_\_\_\_\_ Disp. Trade: C2018101551  
Process No(s): \_\_\_\_\_  
Carlos Labate 8/16/2018 8:41:28 AM V STRU Void \_\_\_\_\_

- ☐ Re-Issue ☐ Plan Revision  
☒ Rework ☐ Shop Drawing